

Department of Health and Human Services Public Health Services, National Institutes of Health		DATE
Claim for Reimbursement of Travel Cost, Per Diem, and Consultant Fee		
NAME OF CHAIRMAN	STUDY SECTION, REVIEW GROUP, OR COMMITTEE MID	
PLACES AND DATES OF ASSIGNMENT Holiday Inn Georgetown Mirage II 2101 Wisconsin Avenue, N.W. Washington, DC 20007 02/07/2001 - 02/09/2001		

TRAVEL ITINERARY	
Note: In cases of combined personal and official business during the same trip, show departure and return time that could have been followed for the sole purpose of this assignment. Take this into account in itemizing expenses below.	
LEFT (City, date, hour) 02/06/2001 - 01:00 PM	DATE OF MEETING(S) OR SITE VISIT(S) 02/07/2001 - 02/09/2001
RETURNED (City, date, hour) 02/09/2001 - 08:00 PM	

TRAVEL EXPENSES				
(A) Cost of transportation (receipts required). If mixed mode of travel, indirect routing or stopovers for personal reasons are involved, claim only cost of usual direct-route round-trip fare. If travel is by privately owned plane, 88¢ an air mile is allowed; or by private motorcycle, 26¢ a mile is allowed; or by private auto, 32.5¢ a mile (not to exceed cost by common carrier) will be allowed.				
Speedometer Readings:	Amount of Advance (when applicable): \$ .00			
(B) Taxi or limousine used for official business, including up to 15% for tips. (Receipt required over \$75.)	\$ 90.00			
(C) Other (Examples - Road and bridge tolls, lodging tax, parking, telegram and telephone calls for official business, conference room rentals.) A receipt is required for any amount more than \$75 for all examples except road or bridge tolls in which case a receipt is not required. Flight or other travel insurance is considered a personal expense and is not reimbursable. Identify claims:	\$ 83.78			
(D) TOTAL TRAVEL EXPENSES	\$ 173.78			
(E) Lodging: Itemize each day's lodging costs (excluding tax). This information is needed to determine the appropriate per diem allowance under the Standard Conus system, and the Per Diem Locality Rate method.				
REMARKS: If unusual circumstances regarding an assignment affect your claim, explain here or on an attached page.				
DAY	DATE	LODGING	MEALS AND INCIDENTAL EXPENSES	TOTAL
1st	02/06/01	\$ 119.00	\$ 34.50	\$ 153.50
2nd	02/07/01	119.00	46.00	165.00
3rd	02/08/01	119.00	46.00	165.00
4th	02/09/01	0.00	34.50	34.50
5th				

STATEMENT OF PERSONAL SERVICES	
I certify that the above itemization reflects costs incurred for official business and that I provided consultant services in connection with this assignment on the dates indicated.	

HOME ADDRESS	ADDRESS (where check is to be mailed if other than home)
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SOCIAL SECURITY NO.	NAME (typed)	SIGNATURE OF CONSULTANT	DATE
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THIS SECTION FOR NIH USE ONLY		
1. I certify that the above Consultant is entitled to a consultant fee for 3 days at \$200 per day.	\$ 600.00	
Signature of Scientific Review Administrator:		
2. Standard Conus \$ /Per Diem Locality Rate \$ 165.00 = \$ 119.00 Lodging; \$ 46.00 M&IE	\$ 518.00	
3. Travel (from Item D, above)	\$ 173.78	
ADVANCE DEDUCTED (when applicable)		
4. TOTAL TO BE PAID	\$ 1,291.78	
Pre-audited by	Approved by	<input type="checkbox"/> Code